

Volunteer Application

MicrositeCommunications



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CategoriesForms, Permits, and Applications

Your support and enthusiasm is vital to the success of our community events! We know you'll agree this is a great opportunity to meet new friends and contribute to the vitality of our city.

We hope you're as excited as we are and we look forward to working with you. Please don't hesitate to call with any questions.

West Linn City Hall: 503.657.0331

Full Name: *

I would like to volunteer for: * The Library

The Parks

A Parks & Recreation Special Event

The Adult Community Center

Neighbors Helping Neighbors

Other*

*Other - please specify:

Contact Info Address: *

City: *

Zip: *

Primary Phone: *

Email: *

Your email will be used to confirm details of the volunteer event.

Family Information:

If you are coming as a family, please let us know how many kids and their ages. Children under 18 do not need to

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Published on City of West Linn Oregon Official Website (<http://westlinnoregon.gov>)

fill out a separate form.

How did you hear about this event?: *

Are you volunteering with an organization or as part of a group?:

Emergency Contact Name: *

Relationship: *

Phone: *

Criminal Background Check

•In order to serve the best interest of the citizens of West Linn, a criminal background check may be conducted on all potential volunteers.

•If you are 18 years of age or older, please fill out the following fields.**

•I hereby release you, your organization and others from any liability or damage that may result from furnishing the information requested.

Date of Birth: *

Driver's License #/State: *

Waiver of Liability and Hold Harmless

I, the undersigned Member Volunteer, or Parent/Guardian of the minor Member Volunteer, on behalf of the minor Member Volunteer, do acknowledge and affirm:

- This is a project being conducted by the City of West Linn. In participating in this project, I understand that there are risks of accidents or injury resulting in bodily harm, and/or death, to me arising out of this activity. I, personally and on behalf of myself, my heirs, and personal representative, and if a minor Member Volunteer, on behalf of the minor Member Volunteer, his/her heirs, and personal representative, hereby waive any claims and hold harmless the City of West Linn, its officers, agents, volunteers, or employees by reason of bodily injuries or death arising out of or resulting from participation in this project.
- I understand that this project is planned and conducted by the City of West Linn principally through the assistance of its member volunteers. I further acknowledge that I, or if the Member Volunteer is a minor, then the Member Volunteer, has/have the physical capacity reasonably necessary to engage in the project activities and that if at any time my or the minor's physical condition changes to restrict or prohibit participation, I, or the minor Member Volunteer, will immediately cease the volunteer work and promptly notify the designated representative of the City of West Linn.
- THE CITY OF WEST LINN DOES NOT PROVIDE MEDICAL INSURANCE FOR ANY PARTICIPANT IN THIS PROJECT.

Comments:

Signature: *

**** By typing in your name, you are signing this form and agree to and affirm all of the proceeding information.**

Source URL (retrieved on 2012-11-20 06:41):

<http://westlinnoregon.gov/communications/volunteer-application-prior-nhn-volunteers-only>